					SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-907040	
DO NOT WRITE	ARTMENT OF PU		PU		Registration District No Primary Registration District No Registrer's No	
ON THIS STUB	S STUB			_	1=	PLACE OF DEATH
VS 300	8	<u> </u>	1	1	\ <u>'</u>	a. COUNTY Jackson - admission)
Rev. 4/59	낊	۱			•	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
1	AMENDED	۱.			-	OR TOWN Kansas City 5 hours Town Kansas City, Missauri Yes of No c. FULL NAME OF (If NOT in hospital, give location) Hospital OR ADDRESS (If outside, give location) Reside on Farm ADDRESS
23478-	DATE	1				HOSPITAL OR INSTITUTION General Hospital Yes No ADDRESS Broadway KC. Mo Yes No
3		寸	丁	7 h	3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
		۱ <u> </u>			1	(Type or print) ERNEST CARL Sowards Tr. DEATH February 28, 1963
4 0		¹			5	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 0		۱			ا	Male White Widowed Divorced 2-28-1963 5 hours Months Days Hours Min.
6 4	3	۱		1	16	Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY KANSAS CITY, MISSOUP; U.S. H
 =	5	۱	j		13	2. EATHER'S NAME 13h MOTHER'S MAIDEN NAME 14 NAME OF HISRAND OF WIFE
7 0	링	'		1		ERNEST CARL SOWARDS, SR NANCY ELLEN SINGLETON NON C.
8 /	2	'		1	15	5. WAS DECEASED EVER IN 0.5. ARMED PORCES? 10. SOCIAL SECONITI NO. 17. INFORMANTI
97/.00 4	الم	'			Ċ	(es, no) or unknown) (If yes, give war, or dates of raculta) ERNEST CARL SOW ARDS. S. M. SSOWA
4		١		Ę	17	18. CAUSE OF DEATH (Enter only one cause of PART I. DEATH WAS CAUSED ONSET AND DEATH
10	길 ㅛ	'		CUMEN	1	IMMEDIATE CAUSE (a) Intra cerebral hemorrhage
11 0	ا ما رَّح	'		ξ	1	
1717 11	- 1 - 1	'		8	1	Conditions, if any, which gave rise to
13	INST	4	_		1	above cause (a), stating the under- lying cause last. DUE TO (c)
i -	5	1.			Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was disease condition given in PART I (a)
الم		۱ <u> </u> ۱			[₹	☐ Yex ☐ No ☐ Unknown
IDAACE	AMENDMEN	\			CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES 21. NO
Z S	7	۱)CAL	20c. TIME OF Hour Month, Day, Year INJURY a.m.
RIBBON	~ 	'			MEDI	p.m.
BLACK INK OR RITER RIBBC		\			1.3	WHILE AT WORK farm, fectory, street, office bldg., etc.)
₹6 ₽	READ	'				21. Lattended the deceased from 2-28-63 to 2-28-63 and last saw her alive on 2-28-63
	D R	'			国	Death occurred at 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.
USE	SHOULD	۱		ь Б	rank	22a. SIGNATURE (Degree antitle) 22b. ADDRESS 22c. DATE SIGNED
Ξ	Š	•		.VIT	Le.	(22 ms) 2400 Cherry 3-1-63
-	NO.	+	+	PA	重23	23 BUBIAL CREMATION 1 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State)
	ž	!		AFFIDA	Ιß	REMOVAL (Specify) Mar. 2, 1963 Clound Brove Cemetery Independence, Mo ALTIAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
	ITEM	'		8	(Radand & Speaks Independence M 3-2-63 With Long
1	171	1 [ı	t= t	1 —	(Licensed Embelmen's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I her	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working und	ler my personal supervision.	
Student		Signed Non N. Lendery
	Signature of Student Embalmer	
		Licensed Embalmer No.51, 40
		P. O. Address Me D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.